



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
8 Fourth St. E, SUITE 200
ST. PAUL, MINNESOTA 55101-1024

DEMOLITION PERMIT APPLICATION

Visit our website at www.stpaul.gov/dsi

Number	Street Name	St. Ave. Blvd. Etc.	N S E W	Building Name	Date
PROJECT ADDRESS					
Contractor (Include Contact Person)		Address City State, Zip+4		(Permit will be mailed to the Contractor's Address) Phone	
Property Owner (Include Contact Person)		Address City State, Zip+4		Phone	
Current (or last) Use of Property being demolished:		Estimated Start	Estimated Finish	ESTIMATED VALUE OF PROJECT \$	
Residential <input type="checkbox"/> Enter # of Units to be Wrecked <input type="text"/>	Commercial <input type="checkbox"/>	Accessory Structure <input type="checkbox"/> Type: _____	Structure Size Width Length Height		TOTAL CUBIC FEET
				Cross Street:	
				Does the Structure have a Basement? Yes or No	
What is the Contract Standard for Removal?				Comments	
1) Total Removal <input type="checkbox"/>	2) Two (2) Feet <input type="checkbox"/>	3) One (1) Foot Below Grade <input type="checkbox"/>	4) Other (Explain in the Comment Area) <input type="checkbox"/>		
Authorization			Pin #		
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.			Legal Description:		
Applicant's Signature			Date		
Sign Offs Required		Office Use Only		SUMMARY OF FEES	
Public Works / 25 - 4 th St. W., 10th Flr. City Hall Annex		Sewer Availability Credit (See Plan Examiner for SAC)		Permit Fee (Minimum \$58.00) \$	
		Number of Credits Receipt #			
Sewer Dept / 25 - 4 th St. W., 7 th Flr. City Hall Annex		Historical Preservation 8 Fourth St. E., Suite 200 Required Approved		See Back for Fee Schedule	
		Approved		Make Check Payable to City of Saint Paul	
Water Utility - 1900 Rice St - Maplewood Fax: 651-266-1657		Extermination		Office Use Only Permit Number _____	
PAYMENT MAY BE MADE BY CREDIT CARD! If paying by credit card, please complete the following information:					
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa				Expiration Date: Month / Year	
Enter Account Number →					

**If you are paying for your permit by *American Express, Discover, MasterCard or Visa*,
you may fax your application.
The credit card information section must be filled in and signed.
Our FAX number is 651-266-9124. If paying by check, please mail application and check to us.**

Signature of Cardholder: _____

Effective 01/01/2004

INSTRUCTIONS FOR DEMOLITION / WRECKING PERMITS

FEES

**Wrecking of buildings or structure.
Four dollars (\$4.00) per one thousand (1,000) cubic feet or
fraction thereof, minimum \$58.00.**

**Building Inspectors are in the office for inspection requests between 7:30 AM - 9:00 AM, Monday - Friday.
Phone number is 651-266-9002.**

Permit Fee Information can be obtained by calling 651-266-9090, Monday - Friday, 7:30 AM - 4:30 PM.

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